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Bib Data Sheet

CONFIRMATION NO. 9028

SERIAL NUMBER 09/922,529	FILING DATE 12/11/2001 RULE	CLASS 224	GROUP ART UNIT 3727	ATTORNEY DOCKET NO.						
APPLICANTS Cody L. Lambert, Roseburg, OR; ** CONTINUING DATA ***** <i>Am</i> THIS APPLN CLAIMS BENEFIT OF 60/225,299 08/15/2000 ** FOREIGN APPLICATIONS ***** <i>Am</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** <i>Am</i> ** 01/07/2002 ** SMALL ENTITY **										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Am</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY OR	SHEETS DRAWING 7	TOTAL CLAIMS 1						
INDEPENDENT CLAIMS 1										
ADDRESS Cody Lambert 1451 N.E. Lincoln St. Roseburg ,OR 97470										
TITLE Telescopic universal bed rack										
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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